

Registration District No. 1300

Primary Registration District No. 4055

1. PLACE OF DEATH: Caldwell,
(a) County
(b) City or town Braymer,
(c) Name of hospital or institution City of Braymer, -Davis Town-ship
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution East Side,
about 30-years. (Specify whether
In this community years, months or days) 1

3. (a) PRINT FULLNAME Joseph Lincoln Glick,

3. (b) If veteran, No. 3. (c) Social Security No.

4. Sex Male, 5. Color or race White, 6. (a) Single, married, Married, 6. (b) Name of husband or wife Mrs. Ella Glick, 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May, -8th., -1861 (Month) (Day) (Year)

8. AGE: Years 79 80 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Jones County, Ohio. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business Farming,

12. Name John Glick,

13. Birthplace Not known, Ohio. (City, town, or county) (State or foreign country)

14. Maiden name Hanna McCammon,

15. Birthplace Not Known, Anna. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Esther Wagner

(b) Address Braymer, Mo.

17. (a) Burial, (b) Date thereof Feb., 17, 41 (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery,

18. (a) Signature of funeral director E. P. Michael

(b) Address Braymer, Mo.

19. (a) 2/22/41 (b) N.H. Patterson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 13
(a) State Missouri, (b) County Caldwell, 0
(c) City or town "33755" City Braymer, 0
(If outside city or town limits, write "RURAL")
(d) Street No. East Braymer,
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 15th, year 1941, hour 4:15, minute 30.9 M.

21. I hereby certify that I attended the deceased from February 14th, 1941, to Feb - 15 - 1941, that I last saw him alive on Feb - 15 - 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 days

Due to Influenza

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place) (e) Means of injury None

23. Signature Arthur B. Brooking, M.D. (Date signed) 2/28/41

Address Braymer, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Registered Apprentice No. _____
working under my personal supervision.

Signed _____

E. P. Michael

Licensed Embalmer No. **1363**

P. O. Address **Braymer, Mo.,**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 6459

Registration District No. 93

Primary Registration District No. 4053

Registrar's No. _____

1. PLACE OF DEATH

- (a) County Caldwell
(b) City or town Braymer
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

(b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased May 8 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 922 41 (b) H. Patterson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

DEATH CERTIFICATION

20. DATE OF DEATH Month Feb day 15
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19 _____ to _____ 19 _____;

that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature G. B. Woolery (M. D. or other) _____

Address Braymer Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-6459